



Protest
298412

Phone: 803-896-5400

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www.psc.sc.gov

Text PSCAGENDAS to 39492

Individual Complaint Form

RECEIVED

Date: 3/5/2021

2021 MAR 12 PM 12:53

Complainant or Legal Representative Information:

*** Required Fields**

Name * GEORGE NEWTON

Firm (if applicable) _____

Mailing Address * _____

City, State Zip * CHARLESTON SC

Phone * _____

E-mail _____

Name of Utility Involved in Complaint: * DOMINION

Type of Complaint (check appropriate box below.) *

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) <u>INCREASED FEES</u> | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☐ Yes ☒ No

Name of ORS Contact: _____

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

DOMINION'S INCREASE IN FEES AND RATES ARE A RIPOFF AND NOT IN CONSUMERS BEST INTEREST. THEIR RATES IN THEIR HOME STATE OF VIRGINIA ARE NOT AS HIGH AS S.C. DOES THAT MAKE SENSE, NO. IT'S IN THE BEST INTEREST OF THE CONSUMER VS BEST INTEREST OF DOMINION. WHO DOES THE PSC LOOK OUT FOR?

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

REDUCE RATES, NO INCREASE.

I UNDERSTAND AND AGREE THAT THE INFORMATION GIVEN ON THIS FORM IS PUBLIC INFORMATION THAT WILL BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.

George J. Newton
Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

VERIFICATION

I, GEORGE NEWTON

Complainant's Name *

verify that I have read my complaint filed on 3/5/21

Date *

and know the contents thereof, and that said contents are true.

George J. Newton
Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	